

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-576)

SERIAL NO.

10/048039

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		1	
TOTAL DEP.	4		4		5	
TOTAL FEE	5		5		6	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		1	
TOTAL DEP.	4		4		5	
TOTAL FEE	5		5		6	

BEST AVAILABLE COPY

PTO-1260 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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